MEYER, MARLENE
DOB: 05/31/42

02/12/07

HISTORY OF PRESENT ILLNESS: The patient is seen today in followup from her surgery done approximately two years ago. The patient was last seen in April 2005. Since that time, the patient has reported difficulty breathing through the right side of her nose. She denies any significant nasal drainage. She tries to blow her nose, but is unable to clear secretions. She denies any pain. She continues to have some epiphora and tearing.

PHYSICAL EXAMINATION: On physical exam, the patient's extraoculatory movements appear to be intact. She does have some tearing on the corner of her medial canthus. External nose is normal. Internal nose reveals the septum to be deviated towards the right side inferiorly towards the floor of the nose. The right inferior turbinate is also enlarged. Middle turbinate is not significantly enlarged. No pus, polyps, or inflamed tissue were seen anteriorly. A 0 degree endoscopy was done after instillation of lidocaine and Afrin. A 0 degree endoscopy was run initially along the floor of the nose. This was a difficult maneuver because of the deviated septum along the floor. There is also convexity at the posterior aspect of the middle turbinate. The inferior turbinate is enlarged. The scope was then removed and placed back into the nose along the inferior turbinate with the angle of the exam superiorly. The uncinate process has been removed. The ethmoid bulla has been opened. The ethmoid air cells are widely opened. The middle turbinate is not lateralized. There is no synechia seen. The natural ostium of the maxillary sinus was identified and appears to be patent. No significant mucous is seen in this region. Left side was examined anteriorly and was found to be normal.

Oral cavity and pharynx are clear. Neck exam is supple without masses, lymphadenopathy, or other abnormalities.

IMPRESSION: Nasal airway obstruction. I believe this is due to nasal septal deformity potentially also with inferior turbinates hypertrophy. No evidence of inflammation seen in the region of the previous surgery. My suspicion is that the patient most likely suffered a septal fracture at the time of the fall and deviated septum is the result of the injury and resulting in difficulty with right-sided nasal airway obstruction.

RECOMMENDATION: My recommendation initially is a trial of topical nasal steroids to improve inflammation. If this is a limited improvement, would recommend consideration of septoplasty and turbinate reduction on the right side. We will see the patient back in approximately three to four weeks, when she returns home from Washington.
Dictated, not reviewed/ag
Todd Parrish, M.D.
TP/rjl/su
cc: Carl E. Rosen, M.D.

Exhibit B
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170010

Meyer, Marlene

2/12/07 problems breathing (R) nostril since Surg
diff breathing (R) side
always congested
osig dry

PE: sept deviation (R) side
(R) inf turb ?? enlarged
(L) wnl

?? endoscopy
(R) nasal septal deviation
(R) max open
(R) ethmoid open
s/p ?? / inflation

(L) clear

D: trial ?? ?? (R)
?? ?? sept / turb ??

[illegible signature]

Exhibit B 170011